

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2016 Annual Report



Name of Candidate Tom King
 Address P.O. Box 1134 County Forrest
 Telephone 601 583 0859 601 946 7788 Fax 601 544 1075
 Office Sought Southern District Transportation Commissioner Email Address tking@mdot.ms.gov
☐ Check here if above is different from previous report

☒ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

☐ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,250. ⁰⁰ + \$	\$ 1,250. ⁰⁰	\$ 1,250. ⁰⁰
Total amount of disbursements	\$ 10,008. ⁰⁰ + \$ 4,872. ⁰⁰	\$ 14,880. ⁰⁰	\$ 14,880. ⁰⁰
Total amount of cash on hand		\$ 116,940. ⁰⁰	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Tom King
Signature of Candidate

1/9/17
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee Tom King
 Reporting period 1/1/16 through 12/31/16

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>NORFOLK Southern Corp.</u>	<u>8/25/16</u>	\$ <u>250.00</u>
Mailing Address <u>Three Commercial Place</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>NORFOLK, VA. 23510 - 2191</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>Elizabeth Lawlor</u>	<u>1/1/</u>	\$ _____
Occupation (Required) <u>Government Relations</u>	Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>BNSF Railway Company</u>	<u>8/25/16</u>	\$ <u>500.00</u>
Mailing Address <u>2500 Lou Menk Dr. AOB-3</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>Ft. Worth, Texas 76131</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>Michael Garriga</u>	<u>1/1/</u>	\$ _____
Occupation (Required) <u>Government Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>AT&T PAC</u>	<u>11/10/16</u>	\$ <u>500.00</u>
Mailing Address <u>111 East Capitol St.</u>	<u>1/1/</u>	\$ _____
City, State, Zip Code <u>Jackson, MS. 39201</u>	<u>1/1/</u>	\$ _____
Name of Employer (Required) <u>Randy Russell</u>	<u>1/1/</u>	\$ _____
Occupation (Required) <u>Government Affairs</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>1/1/</u>	\$ _____
Mailing Address _____	<u>1/1/</u>	\$ _____
City, State, Zip Code _____	<u>1/1/</u>	\$ _____
Name of Employer (Required) _____	<u>1/1/</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee Friends of Tom King
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>Rotary Club of Petal</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. BX. 815</u>	<u>1/4/16</u>	\$ <u>878.00</u>
City, State, Zip Code <u>Petal, MS. 39465</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>membership dues</u>	Aggregate Year-to-date	\$ <u>878.00</u>
B. Full name <u>University Civitan Club</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>40th Place</u>	<u>9/5/16</u>	\$ <u>150.00</u>
City, State, Zip Code <u>Hattiesburg, MS. 39402</u>	<u>11/9/16</u>	\$ <u>288.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>438.00</u>
C. Full name <u>Hattiesburg Tourism Commission</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Lake Terrace Hwy 49 N.</u>	<u>4/10/16</u>	\$ <u>1,000.00</u>
City, State, Zip Code <u>Hattiesburg, MS. 39401</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional) <u>50th Anniversary for Vietnam Veterans</u>	Aggregate Year-to-date	\$ <u>1,000.00</u>
D. Full name <u>MS. Republican Party</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>4/19/16</u>	\$ <u>240.00</u>
City, State, Zip Code <u>Jackson, MS.</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>240.00</u>
E. Full name <u>Republican National Com</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>P.O. BX. 98206</u>	<u>7/13/16</u>	\$ <u>520.00</u>
City, State, Zip Code <u>Washington, DC 20090-8206</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>520.00</u>
F. Full name <u>Petal Education Foundation</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Old Richton Rd.</u>	<u>7/25/16</u>	\$ <u>350.00</u>
City, State, Zip Code <u>Petal, MS. 39465</u>	<u>1/1/16</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>350.00</u>

Name of Candidate or Committee Friends of Tom King
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>SASHto</u>	Date (Mo., Day, Year) <u>4/19/16</u>	Amount of each disbursement this period \$ <u>1,632.⁰⁰</u>
Mailing Address		
City, State, Zip Code <u>White Sulphur Springs, W.V.</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>AMTRAK</u>	Aggregate Year-to-date	\$ <u>1,632.⁰⁰</u>
B. Full name <u>Com. to elect Dawn Beam</u>	Date (Mo., Day, Year) <u>8/17/16</u>	Amount of each disbursement this period \$ <u>250.⁰⁰</u>
Mailing Address		
City, State, Zip Code <u>Hattiesburg, MS 39402</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>250.⁰⁰</u>
C. Full name <u>Charion Ledger</u>	Date (Mo., Day, Year) <u>1/19/16</u>	Amount of each disbursement this period \$ <u>209.⁰⁰</u>
Mailing Address <u>201 S. Congress</u>		
City, State, Zip Code <u>Jackson, MS.</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>209.⁰⁰</u>
D. Full name <u>C-SPIRE</u>	Date (Mo., Day, Year) <u>1/20/16</u>	Amount of each disbursement this period \$ <u>900.⁰⁰</u>
Mailing Address <u>P.O. Box 159</u>		
City, State, Zip Code <u>Meadville, MS. 39653-0159</u>	<u>12 mo.</u> <u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>900.⁰⁰</u>
E. Full name <u>SAM's Club</u>	Date (Mo., Day, Year) <u>12/6/16</u>	Amount of each disbursement this period \$ <u>915.⁰⁰</u>
Mailing Address <u>6080 Hwy. 98</u>		
City, State, Zip Code <u>Hattiesburg, MS-39402</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional) <u>CHRISTMAS for Constituents</u>	Aggregate Year-to-date	\$ <u>915.⁰⁰</u>
F. Full name <u>OFFICE DEPOT</u>	Date (Mo., Day, Year) <u>1/1/</u>	Amount of each disbursement this period \$ <u>378.⁰⁰</u>
Mailing Address <u>Hwy. 98 West</u>		
City, State, Zip Code <u>Hattiesburg, MS. 39402</u>	<u>1/1/</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>378.⁰⁰</u>

Name of Candidate or Committee FRIENDS OF Tom King
 Reporting period 1/1/16 through 12/31/16

ITEMIZED DISBURSEMENTS

A. Full name <u>Loew's</u>	Date (Mo., Day, Year) <u>4/14/16</u>	Amount of each disbursement this period \$ <u>470.⁰⁰</u>
Mailing Address <u>6004 Hwy 98</u>		
City, State, Zip Code <u>Hattiesburg, MS. 39402</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>470.⁰⁰</u>
B. Full name <u>Beck</u>	Date (Mo., Day, Year) <u>10/14/16</u>	Amount of each disbursement this period \$ <u>487.⁰⁰</u>
Mailing Address <u>Turtle Creek Mall</u>		
City, State, Zip Code <u>Hattiesburg, MS. 39402</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional) <u>Constituent Christmas</u>	Aggregate Year-to-date	\$ <u>487.⁰⁰</u>
C. Full name <u>U.S. Post Office</u>	Date (Mo., Day, Year) <u>5/6/16</u>	Amount of each disbursement this period \$ <u>290.⁰⁰</u>
Mailing Address		
City, State, Zip Code <u>Petal, MS. 39465</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>290.⁰⁰</u>
D. Full name <u>Office Depot</u>	Date (Mo., Day, Year) <u>3/2/16</u>	Amount of each disbursement this period \$ <u>490.⁰⁰</u>
Mailing Address <u>1000 Turtle Creek</u>		
City, State, Zip Code <u>Hattiesburg, MS. 39402</u>	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>490.⁰⁰</u>
E. Full name <u>Berrys Seafood</u>	Date (Mo., Day, Year) <u>1/28/16</u> <u>3/29/16</u>	Amount of each disbursement this period \$ <u>561.⁰⁰</u>
Mailing Address <u>Hwy. 49</u>		
City, State, Zip Code <u>Magee, MS.</u>	<u>10/13/16</u> <u>11/30/16</u>	\$
Purpose of Disbursement (Optional) <u>MDOT Lunches</u>	Aggregate Year-to-date	\$ <u>561.⁰⁰</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>—/—/—</u>	\$
City, State, Zip Code	<u>—/—/—</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$